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To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: December 21, 2006
Pages: 17 pages (including this cover sheet)

MESSAGE:

METHOD AND APPARATUS FOR INTERNET CUSTOMER RETENTION
Application No. 09/804,728
Examiner Y. Retta
Art Unit 3622

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

696.005

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REFERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Srinivasan et al.
Serial No. : 09/804,728 Examiner : Y. Retta
Filed : March 13, 2001 Group Art Unit : 3622
For : METHOD AND APPARATUS FOR INTERNET CUSTOMER
RETENTION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Applicants claim Small Entity status under 37 C.F.R. 1.27.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on December 21, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

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5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
					RATE	FEE			RATE	FEE
Total Claims	13	** 20	= *	x	\$25	=	O	x	\$50	= 0
Ind.	2	*** 3	= * 0	x	\$100	=	R	x	\$200	= 0
Claims							O			
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	R	+	\$360	=
					TOTAL	= \$0	O		TOTAL	= \$
							R			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.

Respectfully submitted,

FERENCE & ASSOCIATES

By

Stanley D. Ference III
Reg. No. 33,879

Dated: December 21, 2006

Mailing Address:

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